

**MATERNAL INFANT HEALTH PROGRAM (MIHP)  
 INFANT PLAN OF CARE  
 Part 2  
 Interventions By Risk Level**

**Beneficiary:** \_\_\_\_\_

***Maternal Considerations***

<b>DOMAIN</b>	<b>INSTRUCTIONS</b>
<input type="checkbox"/> <i>No risks identified</i>	NA
<input type="checkbox"/> <i>Family Planning</i> <input type="checkbox"/> <i>Food</i> <input type="checkbox"/> <i>Housing</i> <input type="checkbox"/> <i>Transportation</i> <input type="checkbox"/> <i>Social Support</i> <input type="checkbox"/> <i>Tobacco Smoking</i> <input type="checkbox"/> <i>Alcohol</i> <input type="checkbox"/> <i>Drugs</i> <input type="checkbox"/> <i>Stress/Depression Mental Health</i> <input type="checkbox"/> <i>Abuse/Violence</i> <input type="checkbox"/> <i>Interconception Health</i>	<ol style="list-style-type: none"> <li>1. Use the Maternal Plan of Care Interventions, Part 2 for each domain with identified risk</li> <li>2. Document outcomes from the interventions for each domain with identified risk</li> <li>3. Attach pages pulled from Maternal Plan of Care Interventions, Part 2 to Infant Plan of Care, Part 2</li> </ol>